



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone: (501) 371-2600 or (800) 282-9134 | Fax: (501) 682-0575
E-Mail: AID.Prepaid@arkansas.gov

Website: https://insurance.arkansas.gov/pages/industry-regulation/pre-paid-funeral/pre-paid-funeral-insurance/

APPLICATION FOR A PREPAID FUNERAL BENEFITS LICENSE

Application Date: Federal ID No.:

1. Establishment Legal Name (Applicant):

2. Mailing Address:

3. Physical Location Address:

4. Contact: Business Telephone: Business Fax:
Business E-Mail: Web Page:

5. Name of Manager:

6. Name, address, and telephone number of person completing this application form, to whom information or correspondence regarding this application should be directed:

7. The Applicant/Legal Entity is a/an:
Individual Proprietorship General Partnership For-Profit Corporation
Limited Partnership Limited Liability Corp. (LLC) Limited Liability Partnership (LLP)
Limited Liability Limited Partnership (LLLP) Other (Please Describe):

Arkansas Secretary of State's Business/Commercial License Filing No.:

8. The name(s) and title(s) of all persons who are designated as Agents for the applicant; individuals responsible for collecting and/or depositing contract proceeds to the trust account(s):

9. Has the applicant or any of its agents or employees been convicted of a felony within the last ten (10) years? Yes No

If the answer is YES, please give the name of the person, type and nature of each felony, with additional relevant information, such as the date and place of each conviction:

10. The name and physical location address of each funeral establishment or cemetery owned by the applicant, including any branch, in this State: _____

11. If the applicant is a partnership (General or Limited) or a corporation, please list the names, titles, addresses and telephone numbers of all partners, officers, directors, trustees, etc.: _____

12. The names and titles of all persons authorized to execute and file cancellation and refund forms on the prepaid benefits contract proceeds: _____

13. The name of the person(s) responsible for the applicant's books and records and the physical location of the applicant's books and records: _____

14. Please attach the following, as required by Arkansas Code Annotated (A.C.A.) § 23-40-110(b):
- Initial Prepaid Funeral License Application Fee of **\$300.00**
 - An executed *Agreement to Hold, Invest, and Administer Prepaid Funeral Benefits* (form **AID-FI-F3**) or an approved written Trust Agreement from the trustee with which the trust account(s) will be established and maintained. (Not applicable if the licensee will not be funding prepaid funeral benefits contracts via cash/trust.)
 - An executed *Certification of Net Worth by Applicant for Initial or Renewed Permit* (form **AID-FI-F4**).
 - An executed *Applicant's Affidavit of No Existing Prepaid Contracts* (form **AID-FI-F5**). (NOTE: Applicants applying for an initial prepaid funeral benefits license should not have any prepaid funeral benefits business prior to being licensed.)
 - A copy of the applicant's **Articles of Incorporation, Bylaws or Partnership Agreement**.

AFFIDAVIT

County: _____

State: _____

I, _____ the undersigned, being the _____
Applicant – Authorized Representative Name Applicant – Authorized Representative Title

of the _____
Legal Entity Applying for License (Corporation/Partnership/Sole Proprietorship)

swear (or affirm) that, to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements and documents (if any), are true and complete.

By: _____
Applicant – Authorized Representative Signature

Subscribed and sworn to before me this _____ day of _____, 20 _____.

[Notary Seal]

Notary Public Signature

Commission Expiration Date